

Health Department, City of Baltimore.

Permit No. 98787 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death,

March 23rd, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Weigman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31

Years,

— Months,

— Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Agar Worker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

31 y.

Place of Death, { Give Street and Number. }

1039 Berse St-

Cause of Death, { First (Primary),

Phthisis Pulmonalis

Second (Immediate),

Asphyxia

Duration of Last Sickness,

3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

H.C. Knapp

M.D.

Date of Burial, March 24th, 1887

Undertaker, A. Fink & Son

Medical Attendant.

Place of Business, 915 W. Gay St

Wm. Clegg & Langen

D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Rebecca A. Rocke*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, 78 Years, **Months,** **Days,**

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Carroll Co., Md.*

Duration of Residence in the City of Baltimore, *2 1/2 years*

Place of Death, { Give street and number } *No 1 George St (old)*

Cause of Death, { First, (Primary.) *Heart failure from scarlatina*
Second, (Immediate.) *Dropsey general*

Duration of last Sickness, *Ill about 14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 24th 1887* **Medical Attendant,** *M. D. Mohammad*

{ **Undertaker,** *H. Fink & Son*

{ **Place of Business,** *913 W Gay St*

Address, *310 N Paca St*

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WILLIAM J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98784 Office of Registration of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 23rd 1887

Full Name of Deceased, John C Wicker { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female Male { Cross out the word not required in this line.

Age, — Years, — Months, 15 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line.

Occupation, Baltimore

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, 1836 Hanover St { Give Street and Number.

Cause of Death, Mal Nutrition { First (Primary), Diarrhea { Second (Immediate).

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4 1887 By James & George M. D.

Undertaker, B. Harle

Place of Business, West St Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

A. O. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98785 Office of Registrar of Vital Statistics. Ward 8^{1/4}

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CERTIFICATE OF DEATH.

Date of Death,

March 23rd. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Antonio Scarpinello

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 44 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Austria

Duration of Residence in the City of Baltimore,

12 Years.

Place of Death, { Give Street and Number. }

1806 Aisquith Street

Cause of Death, { First (Primary),
Second (Immediate), }

Paralysis -

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24¹⁸⁸⁷

Undertaker, Stewart & Moore

Place of Business, 2157 Park Avenue

Nicholas L. Dashill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98786 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death, March 23. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Susan W. Canley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, { Give Street and Number. } 110 N. Exeter St.

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), Exsanguinal Asphyxia }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 24 1887

{ Undertaker, Harvey L. Isaacs

{ Place of Business, #413 E. Fayette St. Address, 1000 E. Pratt St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98787 Office of Registrar of Vital Statistics. Ward 17¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Mar 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Jos Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 64 Years,

5 Months,

1 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Natcliman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore co Md.

Duration of Residence in the City of Baltimore,

30 yrs

Place of Death, { Give Street and Number. }

1107 Liarde Hall St

Cause of Death, { First (Primary),
Second (Immediate), }

Astllure

Duration of Last Sickness,

2 mo

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Mar 25 1887

Undertaker, Chambers & Son

Place of Business, 716 & 717 Light

R. G. LeM. D.

Medical Attendant

Address, Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98788 Office of Registrar of Vital Statistics. Ward 18th

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CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Reeside.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Horse Doctor - for B & O. R.R.Co.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt Co Md.

Duration of Residence in the City of Baltimore, 42

Place of Death, { Give Street and Number. } 543 W. Wash St

Cause of Death, { First (Primary), } Heart Disease
{ Second (Immediate), } Syncope ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 25/87

{ Undertaker, Amshamung }

{ Place of Business, 715/717 Light }

J. Flannery

Coroner

MEDICAL ATTENDANT.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98789 Office of Registrar of Vital Statistics. Ward 11

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CERTIFICATE OF DEATH.

Date of Death, March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Reynolds

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 384 Rose St. 1st fl no

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Park St Cemetery

Date of Burial, March 25th 1887

Undertaker, Carl W. Chase

Place of Business, H. S. Howard

J. E. Attwison

M. D.

Medical Attendant.

Address, 605 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 98790 Office of Registrar of Vital Statistics. Ward 16⁴

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a

CERTIFICATE OF DEATH.

Date of Death,

March 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo E. H. Jennings

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

3 Years,

6 Months,

5 Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore,

3.6, 5.

Place of Death, { Give Street and Number. }

808 Clinton st

Cause of Death, { First (Primary),

Heart Disease

Second (Immediate),

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

R. C. Lee M. D.

Date of Burial, Mar. 24th 1887

Medical Attendant.

Undertaker, Sam'l W. Chase

Place of Business, 641 S. Howard st

Address, Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98791

Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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a

CERTIFICATE OF DEATH.

Date of Death, 22^d March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rev. Wm H. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Waiter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 811 Ohio av

Cause of Death, { First (Primary), Acute Rheumatism inflammatory
Second (Immediate), Pleuro-Pneumonia }

Duration of Last Sickness, 2 weeks

All the above information to be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1887

Undertaker, Paul W. Chase

Place of Business, G.H. Howard & Son Address, 224 N. Hill St.

L. D. Oliver M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]